
WISCONSIN MEDICAID UPDATE

DECEMBER 8, 1997

UPDATE 97-42

TO:
HealthCheck Agencies
HMOs and other Managed Care
Programs

HealthCheck Laboratory Tests, Other Tests, and Immunization Services

CLIA waiver approved laboratory tests

Federal Health Care Financing Administration (HCFA) regulations require providers to have a Clinical Laboratories Improvement Act (CLIA) certificate that indicates the laboratory is qualified to perform a category of tests. Most HealthCheck clinics have a CLIA waiver certificate. Providers who have a higher-level CLIA certificate may become Medicaid-certified as a laboratory.

Coverage summary

Attached is a replacement Appendix 1 for your Part D, Division I, HealthCheck provider handbook. This appendix is an updated list of the procedure codes that are Medicaid-covered. Effective for claims received on and after February 1, 1998, the listed procedures may be reimbursed separately and in addition to a HealthCheck screen according to the HCFA regulations.

Wisconsin Medicaid only covers laboratory tests that HealthCheck agencies may actually perform and analyze in their office. Providers must bill all other laboratory tests (e.g., blood lead test) using the lab handling fee procedure code 99000.

HealthCheck screen includes several laboratory tests

A comprehensive HealthCheck screen includes several tests; a provider may perform some tests in the office and send other tests to an outside

laboratory for analysis. Appendix 1 includes CLIA-waived tests that HealthCheck providers may complete within their office. Only bill the handling fee for tests that are sent to a laboratory outside the HealthCheck clinic for analysis.

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Other tests

Wisconsin Medicaid covers a tuberculosis (TB) skin test when a high risk child receives a comprehensive HealthCheck screen. Bill the TB skin test, procedure code 86580, the day the child receives the skin test. Bill a brief inter-periodic visit when you read the results of the child's test.

Immunizations

The attached appendix lists the Medicaid-covered immunization codes. It is expanded to include the age-specific codes for Hepatitis B vaccine as well as injectable Polio vaccine. Asterisks indicate the vaccines that are available to providers free-of-charge through the Vaccines for Children (VFC) program.

Appendix 1
HealthCheck Laboratory, Other Test, and Immunization Codes

HealthCheck Agencies (Provider Type 66) can only bill the codes listed in the following tables:

Laboratory Tests¹

Code	Description	Place of Service	Type of Service
81002	Urinalysis, by dipstick..., without microscopy, nonautomated	0, 3, 4	5
85013	Blood count; Spun hematocrit	0, 3, 4	5
85018	OR Blood count; Hemoglobin	0, 3, 4	5
82465 ²	Cholesterol, serum, total	0, 3, 4	5
82947 ²	Glucose, quantitative	0, 3, 4	5
99000	Lab handling fee	0, 3, 4	5

Other Tests

Code	Description	Place of Service	Type of Service
86580	Skin test; tuberculosis; intradermal	0, 3, 4	5

Immunizations

Code	Description	Place of Service	Type of Service
*90700	Diphtheria, tetanus toxoid, and acellular pertussis vaccine (DtaP)	0, 3, 4	1
*90701 ³	DTP (diphtheria, tetanus toxoids, and pertussis vaccine)	0, 3, 4	1
*90702	DT (diphtheria and tetanus toxoids)	0, 3, 4	1
*90707	MMR (measles, mumps, and rubella)	0, 3, 4	1
*90712	Poliovirus vaccine, live, oral (any type) (OPV)	0, 3, 4	1
*90713	Polio vaccine, injectable	0, 3, 4	1
*90716	Varicella	0, 3, 4	1
*90718	Td (tetanus & diphtheria toxoids absorbed for adult use)	0, 3, 4	1
*90720	DTP and Hib (Tetramune)	0, 3, 4	1
90724	Influenza virus vaccine	0, 3, 4	1
90730	Hepatitis A	0, 3, 4	1
90732	Pneumococcal vaccine, polyvalent	0, 3, 4	1
*90737	Hib (Hemophilus Influenza B)	0, 3, 4	1
*90744	Hepatitis B; newborn - 11 years of age	0, 3, 4	1
*90745	Hepatitis B; 12 - 19 years of age	0, 3, 4	1
*90746	Hepatitis B; 20+ years of age	0, 3, 4	1
90749	Unlisted immunization procedure	0, 3, 4	1
*W0718 ⁴	DTP, MMR, and Polio	0, 3, 4	1

* Vaccine is provided through the VFC. Refer to Section II-L of this handbook for information on the VFC.

¹ May be performed by HealthCheck agencies with an approved Clinical Laboratory Improvement Act (CLIA) waiver.

² May only be performed for high risk children and require appropriate follow-up.

³ May not be billed with procedure code 90702 or 90718.

⁴ May not be billed with procedure codes 90701, 90707, or 90712.

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